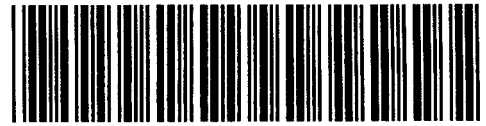


MAINE CORPORATE SHORT FORM  
INCOME TAX RETURN  
1998



980010700

FORM  
1120A-ME

For Calendar 1998 or Tax Year Beginning in 1998

For Tax Period **98**

Federal Employer ID Number

Federal Business Code

State of Incorporation

Name

Address

City, Town or Post Office

State

ZIP Code

Contact Person First Name

Last Name

Phone Number

CHECK APPLICABLE BOXES: ☐ (1) Initial return ☐ (2) Final return ☐ (3) Change of address **TO AMEND, FILE FORM 1120X-ME**

Note: Line numbers for this form correspond to the same line numbers on Form 1120ME (see specific instructions)

1	FEDERAL TAXABLE INCOME (federal Form 1120, line 30 or Form 1120A, line 26) If negative, enter a minus sign in the box to the left of the number .....	1	.00
4a	INCOME TAXES IMPOSED BY MAINE .....	PLUS 4a	.00
6	MAINE TAXABLE INCOME. If negative, enter a minus sign in the box to the left of the number .....	= 6	.00
7a	MAINE CORPORATE INCOME TAX .....	7a	.00
8	Enter the amount of any ESTIMATED TAX PAYMENTS (8a) and EXTENSION PAYMENTS (8b) .....	MINUS 8	.00
9b	Enter PENALTY FOR UNDERPAYMENT of estimated tax .....	PLUS 9b	.00
9c	TAX DUE (If line 7a minus line 8 plus line 9b is positive, enter that amount here) .....	= 9c	.00
10	Amount of OVERPAYMENT (If line 7a minus line 8 plus line 9b is negative, enter that amount here) .....	= 10	.00
11a	Amount of OVERPAYMENT TO BE CREDITED to next year's liability .....	11a	.00
11b	Amount of OVERPAYMENT TO BE REFUNDED .....	11b	.00

**YOU MUST MEET ALL OF THE FOLLOWING TO FILE USING THE SHORT FORM 1120A-ME**

- 100% of business activity conducted in Maine (no apportionment of income).
- The only adjustment to income is Maine income taxes.
- Corporation does not file a combined return.
- Corporation is not a member of an affiliated group filing a separate return.
- Corporation claims no tax credits other than extension payments or estimated payments.
- Corporation is not required to pay Maine Alternative Minimum Tax.

If you do not meet these  
requirements, then Form  
1120ME must be filed.

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete.

DATE OFFICER'S SIGNATURE

TITLE

DATE SIGNATURE OF PREPARER (INDIVIDUAL OR FIRM)

TITLE

File return with:

Maine Revenue Services  
Compliance Division  
P.O. Box 1062  
Augusta, ME 04332-1062

PRESIDENT'S NAME AND SOCIAL SECURITY NUMBER

TREASURER'S NAME AND SOCIAL SECURITY NUMBER

Office Use Only

THIS RETURN MUST BE ACCOMPANIED BY A LEGIBLE COPY OF THE U.S. CORPORATION INCOME TAX RETURN FEDERAL FORM 1120, PAGES 1-4 OR 1120A, PAGES 1 & 2 FOR THE SAME TAXABLE PERIOD.

LG

DO NOT STAPLE OR TAPE FORMS TO YOUR RETURN. DO NOT SEND PHOTOCOPIES OF RETURNS.